



Direct Fax Escrow Account

The Direct Fax Escrow Account allows companies or individuals to request and receive permits directly from the NCDOT Oversize/Overweight Permit Office.

Requirements:

1. The company or individual must complete an application and submitted an escrow deposit. The amount of the escrow deposit will be utilized as a drawdown escrow account. The amount of deposit is determined by the company based on the anticipated requirement for permits.
2. Any permits requested that exceed the amount available in the escrow account will be denied until sufficient funds are available.
3. A facsimile machine with a dedicated fax line (not a telephone/fax line) or email address is required to receive permits. Permits being sent via fax will be transmitted automatically by computer, which is not compatible with a telephone/fax combination line.

Policy:

1. Permits can only be faxed to the one fax number specified at the time of application.
2. An account number is assigned and must be provided each time a permit is requested.
3. A transmittal service fee of \$5.00 is charged for each permit in addition to the applicable state permit fees.
4. The first working day of each month, an escrow account activity summary will be submitted to the company. The summary will include a list of all transactions for the account during the previous month and the ending balance of the escrow deposit as of the printing of the summary. A portion of the summary will be available to be returned to the Permit Unit with additional deposit to replenish the deposit balance if desired. Personal checks cannot be accepted.
5. Any changes or corrections to the account name, address or fax number cannot be initiated unless the information is furnished to this office in writing on company letterhead by the authorized person(s) specified at the time of application.

An application and other documents are attached for your convenience should you desire to participate in the North Carolina Department of Transportation direct fax escrow account.

Mailing Address:

**North Carolina Department of Transportation
Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, North Carolina 27610**

**Telephone: 1-888-574-6683 (toll free)
(919) 733-7154 (local)**

**Facsimile: 1-888-222-8347 (toll free)
(919) 733-7828 (local)**



**North Carolina Department of Transportation
Oversize/Overweight Permit Unit**

Voice # 1-888-574-6683

Local # (919) 733-7154

Fax # 1-888-222-8347

Local # (919) 733-7828

www.ncdot.org/~osowpermits

(For Internal Use Only)
Account # _____

Initial Amount
of Escrow Deposit
\$ _____

APPLICATION FOR A DIRECT FAX ESCROW ACCOUNT

Name: _____

Address: _____

Telephone: Voice (_____) _____
Area Code

Fax (_____) _____
Area Code

Billing (mailing) address if different from above:

Contact Person(s): _____

Email: _____

Payment of the required escrow deposit may be paid by cash, company check or money order made payable to NCDOT. **(Personal checks cannot be accepted).**

**Mail to: North Carolina Department of Transportation
Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, NC 27610**



Application for NCDOT Oversize/Overweight Permit Internet Service

Please provide the following information and return the completed form to:

NCDOT - Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, NC 27610
Office: 1-888-221-8166
Fax: (919) 733-7828

Direct Fax Account # _____
**(Must have a Direct Fax Account to
 access the Permit Internet Service)**

 Company Name (Must be same as account name)

 Street Address City State Zip

 Mailing Address (If different from above) City State Zip

 Phone No. Fax No.

 E-Mail Address

 Contact Person

The undersigned hereby requests to establish the service for the above company to submit permit applications via the Internet. The Department of Transportation is not responsible for any Internet access charges incurred by your company.

 Signature of Applicant Title Date

List below the name(s) of the individual(s), which will be ordering permits via the Internet. (An additional sheet may be used if needed)

Name	User ID (Office Use Only)	Password (Office Use Only)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



North Carolina Department of Transportation
Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, NC 27610

GENERAL USE SINGLE TRIP PERMIT
FOR NON-DIVISIBLE QUALIFYING LOADS

*(Mobile/Manufactured Home Permit Applications
are required to use special form PF-22)*

Telephone: 1-888-LRG-MOVE
(574-6683)

Fax: (919) 733-7828

Fee: \$12-width
\$12-length
\$12-height
\$12-weight

TO RECEIVE BY:

☐ **Permit Wire Service**

NAME OF PERMIT WIRE SERVICE

☐ **Credit Card**
(\$10.00 Authorization/Transmittal Fee)

(CREDIT CARD NUMBER)

(EXPIRATION DATE)

☐ **Direct Fax**

(DIRECT FAX ACCOUNT NUMBER)

☐ **Pickup**

☐ **Cash** ☐ **Check #** _____

Effective Date _____

Refer to Permit No. _____
(For quick reference)

☐ **Tractor/Trailer** ☐ **Truck/Trailer** ☐ **Truck** ☐ **Hauling** ☐ **Towing** ☐ **Self-Propelled**
(schematics required)

Applicant _____
REGISTERED OWNER / LESSEE

DELIVER BY: ☐ **FAX** ☐ **EMAIL**

Address _____
STREET
CITY STATE ZIP

Fax # (_____) _____ - _____
AREA CODE

Email _____

Gross Weight _____ **Registered License Wt.** _____ **Total No. Axles of Combination** _____

Extreme Wheelbase Measurement (Hub to Hub) of Vehicle/Vehicle Combination _____ ft. _____ inches

Overall: Width _____ **Length** _____ **Height** _____ **Front Overhang** _____ ft. **Rear Overhang** _____ ft. **Trailer Length** _____ ft.

Trailer Design: ☐ **Flat Bed** ☐ **Single Drop** ☐ **Double Drop** ☐ **Stretch** ☐ **Other** _____
(Specific Design)

Commodity ☐ **Hauled** ☐ **Towed** _____

(If transporting Construction Equipment, specific type/design is required. Provide length of piece if transporting beams/girders.)

If commodity is being hauled, how is it loaded:

☐ **Directly on Trailer** ☐ **Flat Rack Ship Container** ☐ **Sealed Ship Container** ☐ **Other** _____
(Specific Description)

If hauling multiple pieces, how are they loaded: ☐ **Stacked** ☐ **Side by Side** ☐ **In Line**

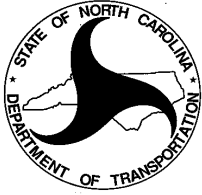
Origin _____ **Destination** _____
(Exact Location/Address/Jct.) (Exact Location/Address/Jct.)

Requested route(s) of travel _____
(To include specific County Road Numbers, NC, US and Interstate Routes)

License No. of truck/tractor/special mobile equipment _____ **State** _____

Serial/VIN number (last 5 digits) of truck/tractor/special mobile equipment _____ **USDOT #** _____

Requested by _____ **Telephone** (____) _____ **Date** _____



North Carolina Department of Transportation
Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, NC 27610

**MOBILE/MODULAR HOME SINGLE
TRIP PERMIT APPLICATION**

(DO NOT use this application for other commodities)

Telephone: 1-888-LRG-MOVE

(574-6683)

Fax: 1-888-222-8347

**Fee: \$12-width
\$12-length
\$12-height**

TO RECEIVE BY:

☐ Permit Wire Service

NAME OF PERMIT WIRE SERVICE

☐ Credit Card
(\$10.00 Authorization/Transmittal Fee)

(CREDIT CARD NUMBER)

(EXPIRATION DATE)

☐ Direct Fax

(DIRECT FAX ACCOUNT NUMBER)

☐ Pickup

☐ Cash ☐ Check # _____

Effective Date _____

Refer to Permit No. _____
(For quick reference)

Applicant _____
REGISTERED OWNER / LESSEE

DELIVER BY: ☐ FAX ☐ EMAIL

Address _____
STREET

CITY STATE ZIP

FAX # (_____) _____ - _____
AREA CODE

EMAIL: _____

Gross Weight _____ **Registered License Wt.** _____ **Total No. Axles of Combination** _____
Overall: **Width** _____ **Length** _____ **Height** _____ **Home Length** _____ ft.
Maximum 105'

Number of Sections: ☐ Single ☐ Double ☐ Multi _____
(specify number of sections)

HOME S/N _____	Truck License No. _____	State _____	VIN# (last 5 digits) _____
HOME S/N _____	Truck License No. _____	State _____	VIN# (last 5 digits) _____
HOME S/N _____	Truck License No. _____	State _____	VIN# (last 5 digits) _____
HOME S/N _____	Truck License No. _____	State _____	VIN# (last 5 digits) _____

Origin _____ **Destination** _____
(Exact Location/Address/Jct.) (Exact Location/Address/Jct.)

Requested route(s) of travel _____
(To include specific County Road Numbers, NC, US and Interstate Route)

ICC Authority/Dealer License No. _____ **USDOT No.** _____

Requested by _____ **Telephone** (_____) _____ **Date** _____
Area Code